



Replacement License Form

Please include your \$6.00 fee
with this request form



a. General Information

Name on File _____
Last First Middle

Date of Birth ____/____/____ Last 4 digits of Social Security Number _____

E-mail address of record _____

Address of Record _____
(address, city, state, zip code)

Business Phone _____ Home Phone _____

b. Declaration of Request and Licensure Information

I am requesting replacement of: ☐ Wall Certificate \$6.00 ☐ Pocket Identification \$6.00

Reason for request: (original must be returned with this form)

☐ Lost ☐ Stolen ☐ Destroyed ☐ Clerical error (no charge) ☐ Original not received (no charge)

Date of California Licensure ____/____/____ California PG or PGp License number _____
CEG Certification number _____ CHG Certification number _____

I certify under penalty of perjury and under the laws of the State of California that all statements furnished in connection with this application are true and correct.

Name (typed or printed) _____

Signature _____ Date _____
(Signature of Applicant)

Please make \$6.00 check, money order or bank draft made payable to the "Board for Geologists and Geophysicists." Your cancelled check will acknowledge receipt of your non-refundable filing fee.

Address all communications regarding your application to:

**Attention: Administrative and Logistical Support Unit
Board for Geologists and Geophysicists
1625 N. Market Blvd. Suite N-324
Sacramento, CA 95834**

GE-20-L (04/08)

Protection of the public shall be the highest priority for the Board for Geologists and Geophysicists in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount. (Business and Professions Code Section 7810.1)